

Entered - 02/18/03 - sb  
CL03L0130 - DIANNE C. MITCHELL

CLAIM OF: **KEMPER INSURANCE COMPANY,**  
through its agent,  
**Credit Collection Services**  
**P. O. Box 7249**  
**Portsmouth, NH 03802-7249**

**03-R-0643**

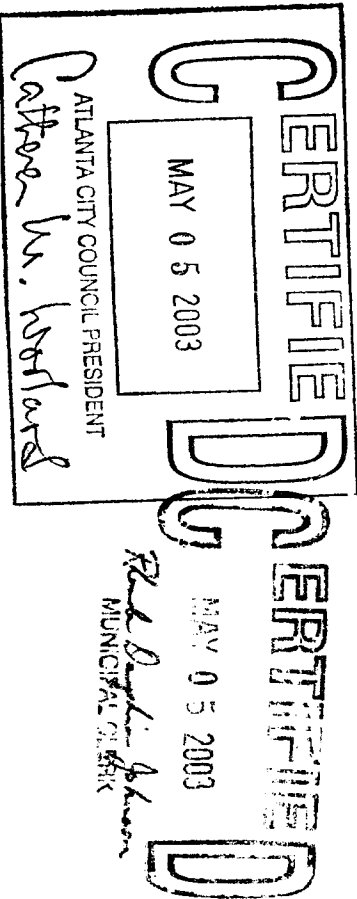
**ADOPTED BY**  
**MAY 05 2003**  
**COUNCIL**

For damages alleged to have been sustained as a result of an undisclosed event on an undisclosed date at an undisclosed location.

THIS ADVERSE REPORT IS APPROVED

BY:

  
**JERRY L. DELOACH**  
**DEPUTY CITY ATTORNEY**



## ADVERSE REPORT

PUBLIC SAFETY &

LEGAL ADMINISTRATION COMMITTEE

DATE: 4/29/03

CHAIR: [Signature]

[Signature]  
C. T. Manby  
[Signature]  
Mary Norwood

- ATTENTION - ATTENTION - ATTENTION - ATTENTION - ATTENTION -



# CREDIT COLLECTION SERVICES

(800) 345-7501

Address: Two Wells Avenue, Newton, MA 02459

Hours: Monday - Friday: 8:30AM-Midnight E.S.T.

Touch-Tone Service: 24 hours-a-day, 7 days-a-week (Se Habla Español)



ENTERED - 2-18-03 - SB  
03L0130 - DIANNE MITCHELL

*Mitchell*  
*62/18/03*  
*Da*

#BWNBPRZ\*\*\*30303  
#0010272829300527#  
MUNICIPAL CLERK  
CITY OF ATLANTA  
CITY HALL  
55 TRINITY AVE. S.W.  
ATLANTA, GA 30303-3520

Date: 01/27/03  
File Number: 03 001027282  
227ae119234



SUBROGATION CLAIM

REGARDING:  
KEMPER INSURANCE COMPANY

AMOUNT DUE:  
\$4,598.00

028388 - 0052 - Lot02

## ACTIVITY PENDING TEN (10) DAYS

You have failed to respond to our notice requesting full payment -or- evidence of Insurance coverage that existed on the date-of-loss.

This office has been authorized to pursue full payment in accordance with both federal and state law(s) which could result in a law suit being filed against you and/or license suspension (contingent upon applicable state law). Be advised, state law requires that financial responsibility be maintained continuously throughout the registration period of your vehicle.

Act immediately, as your file is pending further action.

**EASY PAY:** You can pay by check, credit card and/or establish a payment plan on-line via our website: [www.ccspayment.com](http://www.ccspayment.com). Otherwise, call toll-free to either self-service your file or receive live assistance from a CCS Service Representative.

**MAILING INSTRUCTIONS:** Payment should be remitted as referenced below. All other correspondence should be directed to: CCS, P.O. Box 7249, Portsmouth, NH 03802-7249. Important: include your file number as referenced below to properly identify your file.

**Enclose Bottom Portion With Your Payment**

File Number - Número de Archivo

03 001027282

Zip Code - 30303

Please remit payment to this office to expedite processing.  
Do not send payment(s) directly to our client.

**03- 2-0643**

C.C.S.  
PAYMENT PROCESSING CENTER  
P.O. BOX 55156  
BOSTON, MA 02205-5156



CARD NO		EXP DATE			
PRINT NAME		MUNICIPAL CLERK CITY OF ATLANTA			
SIGNATURE					

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*Mitchell*  
*02/18/03*  
*DM*

Date: 01/27/03

File Number: 03 001027282

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CITY HALL  
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PAYMENT PROCESSING CENTER

P.O. BOX 55156

BOSTON, MA 02205-5156



CARD NO \_\_\_\_\_ EXP. DATE \_\_\_\_\_  
PRINT NAME **MUNICIPAL CLERK**  
**CITY OF ATLANTA**  
SIGNATURE \_\_\_\_\_

AMOUNT DUE:  
\$4,598.00

397000052001027282004598008

## DEPARTMENT OF LAW - CLAIM INVESTIGATION SUMMARY

Claim No. 03L0130

Date: April 2, 2003

Claimant /Victim KEMPER INSURANCE COMPANY  
BY: (Atty)(Ins. Co.) Credit Collection Services  
Address: P. O. Box 7249, Portsmouth, NH 3802-7240  
Subrogation: Claim for Property damage \$ 4,598.00 Bodily Injury \$             
Date of Notice: 02/18/03 Method: Written, proper            Improper X  
Conforms to Notice: O.C.G.A. §36-33-5            Ante Litem (6 Mo.)             
Date of Occurrence Not Stated Place: Not Stated  
Department Not Stated Division:             
Employee involved            Disciplinary Action:           

NATURE OF CLAIM: The claimant is demanding payment for damages to its client for an undisclosed event at an undisclosed location. However, the claim as presented does not comply with the requirements of notice as set forth in O.C.G.A. §36-33-5.

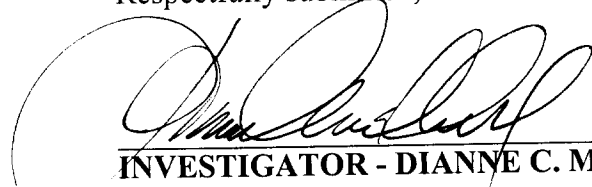
### INVESTIGATION:

Statements: City employee            Claimant            Others            Written            Oral             
Pictures            Diagrams            Reports: Police            Dept Report            Other             
Traffic citations issued: City Driver            Claimant Driver             
Citation disposition: City Driver            Claimant Driver           

### BASIS OF RECOMMENDATION:

Function: Governmental            Ministerial             
Improper Notice X More than Six Months            Other            Damages reasonable             
City not involved            Offer rejected            Compromise settlement             
Repair/replacement by Ins. Co.            Repair/replacement by City Forces             
Claimant Negligent            City Negligent            Joint            Claim Abandoned           

Respectfully submitted,



INVESTIGATOR - DIANNE C. MITCHELL

### RECOMMENDATION:

Pay \$            Adverse X Account charged: 1A01            2J01            2H01            2P01             
Claims Manager:            Concur/date 04-17-03  
Committee Action:            Council Action



## OFFICE OF MUNICIPAL CLERK

RHONDA DAUPHIN JOHNSON, CMC  
MUNICIPAL CLERK

55 TRINITY AVENUE, S.W.  
SECOND FLOOR, EAST  
SUITE 2700  
ATLANTA, GEORGIA 30335  
(404) 330-6033  
FAX (404) 658-6103

May 12, 2003

Credit Collection Services  
Agent  
P.O. Box 7249  
Portsmouth, NH 03802-7249

03-R-0643

RE: Kemper Insurance Company  
File Number: 03 001027282

Dear Madam/Sir:

I sincerely regret that your client has been adversely affected by the circumstances raised in his/her claim for damages against the City of Atlanta. Your time and patience in this matter has been greatly appreciated.

However, I must notify you that the Atlanta City Council Adopted an Adverse Report on your client's claim at its regular meeting on May 05, 2003. In consultation with the City's Law Department, who conducted an investigation of the situation, the Council has determined that the City cannot accept responsibility for this matter and therefore cannot pay this claim.

If you desire any further information, please contact the City Attorney's Office/Claims Division at (404) 330-6400.

Yours very truly,

Rhonda Dauphin Johnson, CMC  
Municipal Clerk

cc: Claims Division/Law Department